



Pennsylvania Department of Human Services

Emailing Date: December 3, 2025

[REDACTED]
WRC Pennsylvania Memorial Home
[REDACTED]

RE: Highland Oaks at Water Run
300 Water Run Road
Clarion, PA 16214
License #: 447680

Dear [REDACTED]:

As a result of the Pennsylvania Department of Human Services, Bureau of Human Services Licensing, (Department), licensing inspections on August 21, 2025 and August 22, 2025, and the corrections you have made after our inspection, we have found the above facility to be in compliance with 55 Pa. Code Ch. 2600 (relating to Personal Care Homes). Therefore, a regular license is being issued. Your license is enclosed.

Sincerely,

A handwritten signature in black ink that reads "Juliet Marsala".

Juliet Marsala
Deputy Secretary
Office of Long-term Living

Enclosures
License
Licensing Inspection Summary

Department of Human Services
Bureau of Human Service Licensing
LICENSING INSPECTION SUMMARY - PUBLIC

Facility Information

Name: *HIGHLAND OAKS AT WATER RUN* License #: *44768* License Expiration: *11/16/2025*
Address: *300 WATER RUN ROAD, CLARION, PA 16214*
County: *CLARION* Region: *WESTERN*

Administrator

Name: [REDACTED]

Legal Entity

Name: *WRC PENNSYLVANIA MEMORIAL HOME*
Address: [REDACTED]

Certificate(s) of Occupancy

Type: *I-2* Date: *05/26/2016* Issued By: *Monroe TWP*
Type: *Other* Date: *05/26/2016* Issued By: *Bureau Veritas of North America*

Staffing Hours

Resident Support Staff: *0* Total Daily Staff: *52* Waking Staff: *39*

Inspection Information

Type: *Full* Notice: *Unannounced* BHA Docket #:
Reason: *Provisional* Exit Conference Date: *08/22/2025*

Inspection Dates and Department Representative

08/21/2025 - On-Site: [REDACTED]
08/22/2025 - On-Site: [REDACTED]

Resident Demographic Data as of Inspection Dates

General Information

License Capacity: *72* Residents Served: *51*

Secured Dementia Care Unit

In Home: <i>No</i>	Area:	Capacity:	Residents Served:
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Hospice

Current Residents: *0*

Number of Residents Who:

Receive Supplemental Security Income: <i>0</i>	Are 60 Years of Age or Older: <i>51</i>
Diagnosed with Mental Illness: <i>28</i>	Diagnosed with Intellectual Disability: <i>1</i>
Have Mobility Need: <i>1</i>	Have Physical Disability: <i>2</i>

Inspections / Reviews

08/21/2025 - Full

Lead Inspector: [REDACTED] Follow-Up Type: *POC Submission* Follow-Up Date: *09/22/2025*

10/06/2025 - POC Submission

Submitted By: [REDACTED] Date Submitted: *10/13/2025*
Reviewer: [REDACTED] Follow-Up Type: *Document Submission* Follow-Up Date: *10/13/2025*

11/07/2025 - Document Submission

Submitted By: [REDACTED] Date Submitted: *10/13/2025*
Reviewer: [REDACTED] Follow-Up Type: *Exception*

17 - Record Confidentiality

1. Requirements

2600.

17. Resident records shall be confidential, and, except in emergencies, may not be accessible to anyone other than the resident, the resident's designated person if any, staff persons for the purpose of providing services to the resident, agents of the Department and the long-term care ombudsman without the written consent of the resident, an individual holding the resident's power of attorney for health care or health care proxy or a resident's designated person, or if a court orders disclosure.

Description of Violation

8/21/25 at approximately 3:00 pm., the resident privacy code sheet was attached to the 11/5/24 and 1/27/27 licensing inspection summaries posted on the bulletin board by the elevator on the second/main floor.

Plan of Correction

Accept [redacted] - 10/06/2025)

Preparation and/or execution of this plan of correction does not constitute admission or agreement by the Provider of the truth of the facts alleged or conclusion set forth in the Statement of Deficiencies. The plan of correction is prepared and/or executed to meet the requirement in the provision of federal and state laws and to ensure the health, safety and well-being of our residents is being met.

Highland Oaks at Water Run recognizes and is dedicated to ensuring the health, safety and well-being of our residents.

Record Confidentiality: Resident records shall be confidential and not accessible to any unauthorized individuals. Upon coming to Highland Oaks at Water Run in March 2025, this writer, current Personal Care Home Administrator, reviewed all the License Inspection Summary (LIS) Reports that were housed in the binder at the bulletin board near the second-floor elevator to ensure all LIS and Plans of Corrections (POC) were posted for public review. Upon receiving the packet in the mail for the provisional license and full list of LIS/POCs, a copy was made and placed in the binder. It was an oversight on this writer's part that the Privacy Coding sheets were not pulled out of the copy prior to placing it in the binder. To ensure that this never occurs again, all LIS/POCs will be reviewed by this writer or the current administrator and the Wellness Coordinator to remove all Privacy Coding documentation prior to placing a copy in the binder for public review. This practice will be ongoing with no end date.

Licensee's Proposed Overall Completion Date: 09/22/2025

Implemented [redacted] - 11/07/2025)

26a - Quality Management Plan

2. Requirements

2600.

26.a. The home shall establish and implement a quality management plan.

Description of Violation

The home's last quality management plan review was completed on 4/30/24.

Plan of Correction

Accept [redacted] - 10/06/2025)

Highland Oaks at Water Run recognizes and is dedicated to ensuring the health, safety and well-being of our residents.

Quality Management Plan: The new administration recognizes the importance of a solid Quality Management Plan to ensure the health, safety and well-being of our residents, staff and community. With the change in management beginning fall of 2024 and continuing until March of 2025, it has been difficult for the new administration to locate documentation on the previous Quality Management meetings. Upon arrival of the new administration to

26a - Quality Management Plan (continued)

Highland Oaks at Water Run, every aspect of the residents' medical and daily needs was re-evaluated, the status of the physical plant, staffing needs and qualifications, hiring and training of additional staff in all departments, medical records and documentation, and numerous other areas of the personal care home were reviewed, evaluated and prioritized. The last documentation that was located regarding previous Quality Management, during the inspection, that was able to be provided to the inspectors was dated 4/30/2024 from the previous administration. The new/current administration will conduct a thorough Quality Management meeting to review all aspects of the facility that have been occurring through this transition. The QM team will meet and continue the meetings monthly as the key items are worked through. This will then be ongoing with no end date.

Licensee's Proposed Overall Completion Date: 10/03/2025

Implemented () - 11/07/2025)

105g - Lint Removal and Duct Cleaning

3. Requirements

2600.

105.g. To reduce the risks of fire hazards, lint shall be removed from the lint trap and drum of clothes dryers after each use. Lint shall be cleaned from the vent duct and internal and external ductwork of clothes dryers according to the manufacturer's instructions.

Description of Violation

On 8/21/25, there was an approximate 1/8-inch accumulation of lint in the lint trap of the last dryer in the second floor laundry room. There were no clothes in the dryer at the time.

Plan of Correction

Accept () - 10/06/2025)

Highland Oaks at Water Run recognizes and is dedicated to ensuring the health, safety and well-being of our residents.

Lint Removal and Duct Cleaning: Reducing the risks of fire hazards is critical to ensuring the safety of the Highland Oaks residents and staff. All staff were educated on the importance of removing lint from the dryers at the completion of every cycle. Residents also utilize these machines therefore all residents were educated as well. Staff will monitor the dryers three times per shift for lint removal to ensure there is no lint in the traps between cycles. All instances of lint being found during the audits will immediately be brought to the Administrator, Wellness Coordinator or the Designated Person on shift during evenings and weekends. Report of lint being found will result in additional education to staff and residents. A dryer door spring lock system is being devised stating REMOVE LINT that will need to be opened to then allow the dryer door to open and will spring back into place after door is open. The latch will then need to be re-opened to allow the dryer door to be closed and latched and will automatically close the back over the edge of the door. This will be ongoing with no end date.

Licensee's Proposed Overall Completion Date: 09/26/2025

Implemented () - 11/07/2025)

132a - Monthly Fire Drill

4. Requirements

2600.

132.a. An unannounced fire drill shall be held at least once a month.

132a - Monthly Fire Drill (continued)

Description of Violation

An unannounced fire drill was not held during the months of January and February 2025.

Plan of Correction

Accept [redacted] - 10/06/2025)

Highland Oaks at Water Run recognizes and is dedicated to ensuring the health, safety and well-being of our residents.

Monthly Fire Drills: Highland Oaks is committed to ensuring the safety of all residents and staff. Monthly fire drills will be completed per regulation to ensure the residents and staff know exactly what to do in the event of an emergency evacuation. During the months of January and February 2025 there was significant changes in administration. March and April 2025, new administration including Administrator, Wellness Coordinator/LPN, and Maintenance Lead, as well as an additional Maintenance man and numerous Medication Techs and Resident Aides were hired and trained. Documentation of prior fire drills, fire safety expert Safety Inspections/Fire Drills were not immediately located. A binder was found the week prior to this inspection that was held on August 21-22, 2025. Record of fire drills for January and February 2025 were still unable to be located. Since change in administration, fire drills have been completed monthly. The Fire Drill log is in place and being utilized. Please see attached documentation for March 2025 to present. Fire location, time of day and evacuation routes have been and will continue to be alternated. Again, the unannounced fire drills will occur monthly with no end date.

Licensee's Proposed Overall Completion Date: 09/22/2025

Implemented [redacted] - 11/07/2025)

132b - Safety Inspection/Fire Drill

5. Requirements

2600.

132.b. A fire safety inspection and fire drill conducted by a fire safety expert shall be completed annually. Documentation of this fire drill and fire safety inspection shall be kept.

Description of Violation

The last fire safety inspection and fire drill observed by a fire safety expert was conducted on 5/2/2024.

Plan of Correction

Accept [redacted] - 10/06/2025)

Highland Oaks at Water Run recognizes and is dedicated to ensuring the health, safety and well-being of our residents.

Safety Inspection/Fire Drill: As stated above, documentation was unable to be located upon arrival of new administration in March and April of 2025. Fire drills have been held monthly since March 2025 to ensure all residents and staff could safely evacuate in the event of an emergency. A letter stating the new administration, floor plan, evacuation routes, and mobility needs was given to the Clarion Fire & Hose Co. No. 1 Fire Chief on March 7, 2025. On April 7, 2025, an in-person discussion with this writer, current administrator and the Fire Chief regarding scheduling an annual fire drill and annual certification occurred. Evacuation times were discussed from [redacted] previous inspections, and he stated evacuation time was just over 19 minutes and to continue with those times until the new inspection. It was discussed at length that the acuity level of the residents of the facility had significantly changed just prior to this administrator taking over the facility. A complete reassessment of every resident occurred in February and those requiring advanced level of care were successfully transferred to skilled nursing facilities in coordination with the residents and their families/responsible parties. There are no longer immobile individuals in the facility. All residents are able to evacuate independently or with minimal assistance. One individual located on

132b - Safety Inspection/Fire Drill (continued)

the 2nd floor may need assistance evacuating if the evacuation occurred in the middle of the night due to physical impairment. The Fire Chief knew this individual personally. As a note, this resident has since moved onto a high level of care as well.

Search for documentation began again and the documentation of past Safety Inspections and Annual Fire Drills were found the week prior to this survey and reviewed. The Clarion Fire Chief was contacted and was available for inspection on August 27, 2025. The facility Fire Safety Inspection occurred, and the evacuation time was set for 19 minutes 0 seconds. The Annual Fire Drill with the Clarion Fire & Hose Co. No. 1 with the Office of Emergency Services Clarion County Control was held at 7 pm on September 15, 2025. Clarion and Limestone Township Fire Companies responded. The drill was successful with complete evacuation time of 7 minutes and 34 seconds. Firemen did a complete training and sweep of the interior and exterior of the facility. The drill and full fire department training concluded around 7:50 pm. All required documentation has been written, signed and received. The next scheduled Annual Safety Inspection and Fire Drill will be scheduled for August 2026. All documents are kept in a red binder marked FIRE DRILL/INSPECTIONS in the administrator's office for easy location of documents to maintenance and management personnel.

Licensee's Proposed Overall Completion Date: 09/22/2025

Implemented (redacted) - 11/07/2025)

132d - Evacuation

6. Requirements

2600.

132.d. Residents shall be able to evacuate the entire building to a public thoroughfare, or to a fire-safe area designated in writing within the past year by a fire safety expert within the period of time specified in writing within the past year by a fire safety expert. For purposes of this subsection, the fire safety expert may not be a staff person of the home.

Description of Violation

The home does not have a maximum safe evacuation time specified in writing within the past year by a fire safety expert. The home exceeded an evacuation time of 2 minutes 30 seconds during the following drills:

- * 5/12/25, at 9:17 pm. - 6 minutes, 29 seconds
- * 6/27/25, at 10:30 am. - 5 minutes, 41 seconds
- * 7/30/25, at 3:25 pm. - 5 minutes, 42 seconds

Plan of Correction

Accept (redacted) - 10/06/2025)

Highland Oaks at Water Run recognizes and is dedicated to ensuring the health, safety and well-being of our residents.

Evacuation: The Annual Safety Inspection and setting of evacuation time by the Clarion Fire & Hose Co. No. 1's Fire Chief was completed on August 27, 2025. The 2025 evacuation time is 19 minutes and 0 seconds. The 2024 time was set for 19 minutes and 21 seconds. All evacuations will be conducted within the time specified. Documentation will be on the Fire Drill Record. This will be ongoing with no end date.

Licensee's Proposed Overall Completion Date: 09/22/2025

Implemented (redacted) - 11/07/2025)

144b - Policy on Smoking

7. Requirements

2600.

144.b. The home rules shall specify whether the home is designated as smoking or nonsmoking.

Description of Violation

The home's smoking policy, dated 4/14/25, indicates, "The designated employees smoke area has been created for employees ONLY. No residents or visitors permitted to smoke on property." The home has one resident who does smoke and walks up the home's driveway hill to smoke property.

Plan of Correction

Accept [REDACTED] - 10/06/2025)

Highland Oaks at Water Run recognizes and is dedicated to ensuring the health, safety and well-being of our residents.

Policy on Smoking: Upon the arrival of the new administration in March 2025, the campus had a no smoking policy that included the residents, staff, visitors and other individuals in the home. This administrator observed the staff persons who smoked, would get in their personal vehicles and drive off the campus to smoke on their breaks. The concern was that the staff persons, although on break, were not close enough to the facility to hear emergency alarms to come in from break to assist with emergency evacuation. The policy was then changed to permit staff persons to smoke behind the facility, in a designated area only. Upon review of the regulation and this inspection process, this was discussed at length with administration at other facilities within the system. In light of the need for staff persons to be readily available if an emergency would occur, the policy will be changed to include smoking permitted for residents, staff, visitors and other individuals in the home in a designated area only. This policy will be changed in the Home Rules, admission and new hire information. Monitoring of the designated smoking area will occur on a daily basis for two weeks and then weekly for two weeks and then monthly for two months. In the event that the smoking policy is not being followed as written, the policy will be re-addressed. The facility has one resident that smokes and that resident, along with anyone else requesting to smoke, will be shown how to access the designated smoking area and educated on the smoking policy and the importance of following that policy and that there will be absolutely no smoking within the facility structure and strictly only permitted in the designated smoking area.

Licensee's Proposed Overall Completion Date: 10/10/2025

Implemented [REDACTED] - 11/07/2025)

181d -Storing Medication

8. Requirements

2600.

181.d. If the resident does not need assistance with medication, medication may be stored in a resident's room for self-administration. Medications stored in the resident's room shall be kept locked in a safe and secure location to protect against contamination, spillage and theft.

Description of Violation

Resident #1 self-administers medications and stores medications in [REDACTED] r room. Resident #1 indicated that [REDACTED] does not lock up medication and does not lock [REDACTED] door when leaving the apartment.

Plan of Correction

Accept [REDACTED] - 10/06/2025)

Highland Oaks at Water Run recognizes and is dedicated to ensuring the health, safety and well-being of our residents.

181d -Storing Medication (continued)

Storing Medications: When reviewing this with Resident #1, it was asked why [redacted] was not locking [redacted] door when out of [redacted] room and reiterated that upon admission and through several audits of [redacted] door being locked, it had not been found unlocked while out of the room. [redacted] stated "I do lock it. They did not understand that I was speaking hypothetically, in the past." It was asked what [redacted] meant by that. [redacted] stated that in the past, when [redacted] was here before, [redacted] would not always lock [redacted] door. The regulations were re-educated with Resident #1 and with [redacted] [redacted] who serve as [redacted]. The home rules were also reviewed with Resident #1 regarding the locking and storage of medications and the critical importance that this must be strictly followed. The Self-Administration Evaluation includes safe storage and handling of medications and if [redacted] was unwilling or unable to follow the regulation to ensure the safety of the other residents, that [redacted] would be considered Unsafe to Self-Administer [redacted] own medications and would no longer be able to keep their medications in their room. Resident #1's room was audited at mealtimes and when staff knew Resident #1 was out of the room or off premise, for three weeks. It has not been found to be unlocked. Random auditing of Resident #1's room will continue, to ensure the medication is safely stored. All other residents that self-administer medications were also re-educated on this regulation and home rules. All other self-administrating residents' medications storage audits occurred and there were none found unlocked. The self-administration storage audits will continue to occur quarterly with no end date.

Licensee's Proposed Overall Completion Date: 09/26/2025

Implemented [redacted] - 11/07/2025)

183d - Prescription Current

9. Requirements

2600.

183.d. Only current prescription, OTC, sample and CAM for individuals living in the home may be kept in the home.

Description of Violation

8/21/25, Guaiaorb DM LIS, 100-10/5, 2 teaspoons every 6 hours as needed for cough for 3 months prescribed for individual #2, was in the home's medication cart; however, the medication was discontinued in December 2024.

Plan of Correction

Accept [redacted] - 10/06/2025)

Highland Oaks at Water Run recognizes and is dedicated to ensuring the health, safety and well-being of our residents.

Prescription Current: Upon the start of the new administration, the administrator requested a full Medication to MAR Review to be completed in March and April 2025. In reviewing the audit tool database from the April Medication to MAR Review, this medication was not noted on the audit to have been found in the cart. Through discussion with the staff completing the review, it was determined that when the extra medication storage area that was in the locked medication room behind the nurses' station was cleaned out it, it was found and placed on the cart. After this discovery, this administrator requested an immediate Medication to MAR review. The Med to MAR Review was conducted for all three floors the night of 8/21/2025. No additional medications were discovered expired or without an active order. The Medication to MAR reviews will occur monthly on 11p to 7a shift and findings reported to the Wellness Coordinator and Administrator the next day. This will be ongoing with no end date.

Licensee's Proposed Overall Completion Date: 09/26/2025

Implemented [redacted] - 11/07/2025)

183d - Prescription Current (continued)

185a - Implement Storage Procedures

10. Requirements

2600.

185.a. The home shall develop and implement procedures for the safe storage, access, security, distribution and use of medications and medical equipment by trained staff persons.

Description of Violation

Resident #2 was prescribed Ibuprofen and Triamcinolone as needed. On 8/21/25 these medications were not available in the home.

Resident #3 was prescribed Diclofenac as needed. On 8/21/25 this medication was not available in the home.

Plan of Correction

Accept [redacted] - 10/06/2025)

Highland Oaks at Water Run recognizes and is dedicated to ensuring the health, safety and well-being of our residents.

Implement Storage Procedures: On 8/21/2025 prior to the inspectors reviewing this medication cart, Medication Tech/Resident Aide was going through the medications in the cart and found these medications to be expired and reordered them and destroyed the medications that were in the cart for Resident #2 and Resident #3. The reordering is done through the QuickMAR program directly to the pharmacy. When the inspectors identified the medications were not on the cart and available to the residents, the printout from QuickMAR requesting the reorder of both medications was printed showing the date and time of the reorder. Medication refills were received the same day and placed in the cart. To ensure expiring medications are refilled timely, the Medication to MAR reviews will occur monthly from this time forward. Policy and audit tools were written, trained and implemented. This will be ongoing with no end date.

Licensee's Proposed Overall Completion Date: 09/26/2025

Implemented [redacted] - 11/07/2025)

224a - Preadmission Screen Form

11. Requirements

2600.

224.a. A determination shall be made within 30 days prior to admission and documented on the Department's preadmission screening form that the needs of the resident can be met by the services provided by the home.

Description of Violation

Resident #3 was admitted to the home on [redacted]/25; however, the resident's preadmission screening form was completed on [redacted] 25.

Plan of Correction

Accept [redacted] - 10/06/2025)

Highland Oaks at Water Run recognizes and is dedicated to ensuring the health, safety and well-being of our residents.

224a - Preadmission Screen Form (continued)

Preadmission Screen Form: Resident #3 was evaluated by the previous [REDACTED] at Country Springs Personal Care upon request of admission to Highland Oaks at Water Run due to Country Springs permanently closing. This evaluation and Prescreen was completed on 1/29/2025. Due to inability to immediately admit to Highland Oaks at Water Run due to staffing and administration changes, the admission was postponed to March 13, 2025. The Prescreen was inadvertently not re-done. All prescreens for current residents were audited to ensure that they had been completed within 30 days of admission. Current administration will adhere to the regulation stating that the Preadmission Screening Form is completed within 30 days of admission. Preadmission Screening Form completion date and admission date will be tracked for every admission in a database to ensure appropriate completion and timing meets the regulation. This practice will be ongoing with no end date.

Licensee's Proposed Overall Completion Date: 09/22/2025

Implemented [REDACTED] - 11/07/2025)

Department of Human Services
Bureau of Human Service Licensing
LICENSING INSPECTION SUMMARY

Facility Information

Name: *HIGHLAND OAKS AT WATER RUN* License #: *44768* License Expiration: *11/16/2025*
Address: *300 WATER RUN ROAD, CLARION, PA 16214*
County: *CLARION* Region: *WESTERN*

Administrator

Name: [REDACTED]

Legal Entity

Name: *WRC PENNSYLVANIA MEMORIAL HOME*
Address: [REDACTED]

Certificate(s) of Occupancy

Type: *I-2* Date: *05/26/2016* Issued By: *Monroe TWP*
Type: *Other* Date: *05/26/2016* Issued By: *Bureau Veritas of North America*

Staffing Hours

Resident Support Staff: *0* Total Daily Staff: *51* Waking Staff: *38*

Inspection Information

Type: *Partial* Notice: *Unannounced* BHA Docket #:
Reason: *Interim* Exit Conference Date: *11/04/2025*

Inspection Dates and Department Representative

11/04/2025 - On-Site: [REDACTED]

Resident Demographic Data as of Inspection Dates

General Information

License Capacity: *72* Residents Served: *50*

Secured Dementia Care Unit

In Home: *No* Area: Capacity: Residents Served:

Hospice

Current Residents: *0*

Number of Residents Who:

Receive Supplemental Security Income: *0* Are 60 Years of Age or Older: *50*
Diagnosed with Mental Illness: *2* Diagnosed with Intellectual Disability: *0*
Have Mobility Need: *1* Have Physical Disability: *1*

Inspections / Reviews

11/04/2025 - Partial

Lead Inspector: [REDACTED] Follow-Up Type: *Exception*

NO DEFICIENCIES FOUND